2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Feb 04, 2008 08:00 AN DOCUMENT # L04000060535 1. Entity Name **Secretary of State** SQUIRT, L.L.C. Principal Place of Business Mailing Address 2950 N.E. 32ND AVENUE FT. LAUDERDALE FL 33308 2950 N.E. 32ND AVENUE FT. LAUDERDALE FL 33308 2. Principal Place of Business - No P.O. Eox # 3. Mailing Address Suite, Apt. #. etc. Suite. Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 34-2011274 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WINDRIDGE, KATHLEEN A Street Address (P.O. Box Number is Not Acceptable) 2950 N.E. 32ND AVENUE FT. LAUDERDALE FL 33308 City Zip Ccde 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or or mediname of registered agent and title if applicable (NOTE, Registored A jort signature required when rainstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Dalete TITLE Change Addition NAME WINDRIGE, KATHLEEN A NAME STREET ADDRESS STREET ADDRESS 2950 N.E. 32ND AVENUE CITY-ST-ZIP CITY+ST-Z:P FT. LAUDERDALE FL 33308 U00000813117 THILE ☐ Delete 02/12/03-80077-009 138.75 Addition TillE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP THILE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY ST-Z:P TITLE ☐ Defete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI E TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP TITLE Delate TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZiP 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER.

OR AUTHORIZED REPRESENTATIVE

SIGNATURE

FILED

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